

**COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
BUSINESS LICENSE INVESTIGATION REPORT**

Account# 142298

Application for
Water Taxi Operator

Date
06/29/15

						Hearing Date	
D.B.A. Ship-N-A-Bottle		Organization or Corporation Matthew A. Schubert				Incorporation Date N/A	
Address of Proposed Activity 4333 Admiralty Way, Marina Del Rey 90292		Contacted Matthew A. Schubert				Date Contacted 06/25/15	
Applicant, Sponsoring Adult or Corporate Officer 1. Matthew A. Schubert				Position Owner		Ever Arrested Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Address		Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
				Position		Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.		Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
Address				BROWN	BLUE		
				Position		Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.		Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
Address				BROWN	BROWN		
				Position		Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.		Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
Address				BROWN	BROWN		
				Position		Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.		Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
Address				BROWN	BROWN		
Location <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Sub-Leased From Whom:							
Termination Date of Lease		Immediate Vicinity		School or Churches		Hearing Notice Posted	
Charitable Activity	Proposed Date of Activity	Age Group	Admission Charged	Amount	Security Guards Yes <input type="checkbox"/> No <input type="checkbox"/> No.		
Estimated Attendance	Posted Capacity	Parking – Location	Number	Paved	Lighting		
Outside Signs						Interior Lightning	
Alcoholic Beverages Yes <input type="checkbox"/> No <input type="checkbox"/>		Type ABC License			ABC Licensed Issued To		
Location Previously Licensed Yes <input type="checkbox"/> No <input type="checkbox"/> Date		Applicant Previously Licensed Yes <input type="checkbox"/> No <input type="checkbox"/> Date			License Suspended, Revoked, or Denied Yes <input type="checkbox"/> No <input type="checkbox"/> Date		
Type		Type			Type		
Date Started Operation		Billiard Tables Yes <input type="checkbox"/> No <input type="checkbox"/> Number			State Board Number		
Attire		Type of Food Served			Entertainment (Describe)		
Hours of Operation		Days of Operation			County License Number 142298		

Description of Vehciles		Model	Vehicle License Number	County License Number
Year	Make			

Color Scheme and Insignia on vehicles

Schedule of Rates

Additional Information

Omar Partida
Investigated By

06/29/15
Date

Reviewed By

Date



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4333 ADMIRALTY WAY, MARINA DEL REY, CA 90292

TELEPHONE: (714) 206-9283

OWNER OF BUSINESS: MATTHEW A SCHUBERT

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SHIP N A BOTTLE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	02/03/16	tchen
<input type="checkbox"/> 3. Building & Safety			
<input type="checkbox"/> 4. Fire Department			
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	06/29/15	tchen
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input type="checkbox"/> 9. Regional Planning Commission			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	05/05/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142298

BUSINESS INFORMATION

Type of Business: <u>Water Taxi/ Water Taxi Operator</u>	Address of Business: <u>4333 Admiralty Way, Marina Del Rey</u>	
DBA (Business Name): <u>Ship N a Bottle</u>	Business Telephone: <u>714 206 9283</u>	
	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization): <u>SR Y EA 101-345763 00004 AS</u>		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership _____ LLC _____ Corporation _____ If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>MATTHEW ADAM SCHUBERT</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>mattschubert@shipnabottle.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input checked="" type="checkbox"/> Female _____	Height [REDACTED]	Weight [REDACTED]
Hair Color [REDACTED]		Eye Color [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 4/24/15 Applicant's Signature: [Signature]

Application taken by: Tomy Date: 4/24/2015

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4333 ADMIRALTY WAY, MARINA DEL REY, CA 90292

TELEPHONE: (714) 206-9283

OWNER OF BUSINESS: MATTHEW A SCHUBERT

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SHIP N A BOTTLE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**RISK MANAGEMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 2/3/2016

BASIC LICENSE NO. 1573

DATE 09/03/15

IDENTIFICATION NUMBER 142298

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4333 ADMIRALTY WAY, MARINA DEL REY, CA 90292

TELEPHONE: (714) 206-9283

OWNER OF BUSINESS: MATTHEW A SCHUBERT

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SHIP N A BOTTLE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

MATT SCHUBERT 714-206-9283

**TREASURER & TAX COLLECTOR
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: ✓ 4-5

DATE: 6-29-15

✓

15-00579

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **WATER TAXI OPERATOR**

ADDRESS OF BUSINESS: **4333 ADMIRALTY WAY, MARINA DEL REY, CA 90292**

TELEPHONE: **(714) 206-9283**

OWNER OF BUSINESS: **MATTHEW A SCHUBERT**

CAL. DR. LIC.#: [REDACTED] *2/27/15*

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SHIP N A BOTTLE**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approved

SIGNATURE: _____

W.D. Schubert

DATE: _____

5/5/15

BASIC LICENSE NO. 1573

DATE *4/28*
5/2 **04/28/15**

IDENTIFICATION NUMBER 142298

Scanned by Tony 5/5